STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445114	A. BUILDING _____ B. WING _____	C 05/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRAKEBILL NURSING HOME INC.	5837 LYONS VIEW PIKE KNOXVILLE, TN 37919

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review and observation, the facility failed to follow physician's orders for two residents (#2, #3) of five residents reviewed. The findings included: Resident #2 was admitted to the facility on October 21, 2011, with diagnoses including Dementia, Abnormality of Gait, and Chronic Heart Failure. Observation on May 16, 2012, at 12:51 p.m., revealed the resident sitting in a gerichair with no oxygen attached. Continued observation revealed an empty oxygen container to the back of the resident's chair. Medical record review of the Physician's Recapitulation Orders dated May 1, 2012, revealed "...o2 (oxygen) at 2 liters/min (minute)..." Resident #3 was admitted to the faciity on February 20, 2011, with diagnoses including Dementia and Chronic Airway Obstruction. Observation on May 16, 2012, at 11:52 a.m., revealed the resident sitting in a wheelchair on the 300 hall with no oxygen attached. Continued Interview and medical record review with Charge	F 281	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident #2 was immediately put on her prescribed O_2 at 2 Liters/minute via O_2 concentrator. O_2 saturation was obtained and was greater than 90%. A full portable O_2 tank was placed on the back of her chair. Resident #3 was immediately placed on O_2 and O_2 saturation was greater than 90%. Resident continually removes his nasal cannula so a physician order was obtained to change his O_2 order from routine to prn. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: Residents who require the use of continuous O_2 have the potential to be affected by the same deficient	May 16 2012 May 23 2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Norma Lindsey RN — TITLE: Administrator — (X6) DATE: 5/25/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MAY 25 2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445114	A. BUILDING _____ B. WING _____	C 05/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRAKEBILL NURSING HOME INC.	5837 LYONS VIEW PIKE KNOXVILLE, TN 37919

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	Continued From page 1 Nurse #1 revealed "...o2 (oxygen) at 2 liters via (by) NC (nasal cannula)..." Interview with the Director of Nursing on the 300 hall on May 16, 2012, at 2:07 p.m., confirmed the facility failed to follow the Physician's Order for Resident #2 and #3 by not having the oxygen in place per order. C/O #29700	F 281	practice, therefore the DON and Unit Manager made a list of residents with orders for continuous O_2. Unit Manager or designee will observe these residents daily MONday through Friday for compliance of orders whether resident is in room or using small portable O_2 tank. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; Nursing staff will be inserviced beginning 5/25/12 on monitoring residents on continuous O_2 to ensure compliance with physician orders by the DON and Unit Manager. Nurses must verify O_2 is administered per physician order on the medication administration record. This will be accomplished by checking the O_2 order on the MAR and then observing the O_2 setting on the concentrator or E tank in use by the resident. The administration of O_2, including flow rate will be documented on the MAR twice a shift.	May 23 2012 May 25 2012

MAY 25 2012

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN4702	A. BUILDING _____ B. WING _____	C 05/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRAKEBILL NURSING HOME INC.	5837 LYONS VIEW PIKE KNOXVILLE, TN 37919

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
~~N 000~~	~~Initial Comments~~ ~~Complaint investigation #29700 was completed on May 16, 2012, at Brakebill Nursing Home, INC. No deficiencies were cited related to the complaint investigation under Chapter 1200-8-6, Standards for Nursing Homes~~.	~~N 000~~ F281	Each charge nurse will monitor during med pass that O_2 is administered at the prescribed flow rate as written on the MAR. A list of all residents prescribed O_2 continuously was obtained by DON and Unit Manager to verify proper O_2 use. O_2 not being administered as physician orders will be corrected immediately. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put in place: Audits of residents on continuous O_2 will be done by Unit Manager or designee during routine rounds weekly and reported to QA monthly times 3 months then quarterly.	May 25 2012 May 25 2012

Division of Health Care Facilities

Morma E Lind TITLE Sy RN Administrator

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE 5/25/12

MAY 25 2012